ICMJE DISCLOSURE FORM

Date	e: <u>19.5.2021</u>							
Your Name: Karl Jackson								
Manuscript Title: A case series of pneumothorax, pneumomediastinum and surgical emphysema in Covid-19								
Manuscript number (if known):								
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.								
The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u> .								
to the	ne epidemiology of hypertellication, even if that medica	nsion, you should declare ation is not mentioned in to port for the work reported	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript. d in this manuscript without time limit. For all other items,					
		Name all entities with	Specifications/Comments					
		whom you have this	(e.g., if payments were made to you or to your					
		relationship or indicate	institution)					
		none (add rows as						
		needed) Time frame: Since the initia	al planning of the work					
		Time traine. Since the linus	in planning of the work					
1	All support for the present	XNone						
	manuscript (e.g., funding, provision of study materials,							
	medical writing, article							
	processing charges, etc.)							

Time frame: past 36 months

X__None

_X__None

X__None

No time limit for this item.

Grants or contracts from

in item #1 above).

Consulting fees

Royalties or licenses

3

any entity (if not indicated

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
U	testimony	XNone	
	testimony		
7	Support for attending	X None	
•	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	X_None	
	services		
10			
13	Other financial or non-	XNone	
	financial interests		

Please summarize the above conflict of interest in the following box:

None. Specifically, Northumbria Healthcare NHS Foundation Trust had no input in the design or reporting of the study

Please place an "X" next to the following statement to indicate your agreement:

_X_I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date	e: <u>19.5.2021</u>							
You	r Name: <u>Avinash AUja</u> y	/eb						
			omediastinum and surgical emphysema in Covid-19					
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med	lication, even if that medica	tion is not mentioned in t	the manuscript.					
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		relationship or indicate	institution)					
		none (add rows as						
		needed) Time frame: Since the initiation	al planning of the work					
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	processing charges, etc.)							
	No time limit for this item.							
2	Cronts or continent form	Time frame: pas	t 36 months					
2	Grants or contracts from any entity (if not indicated	XNone						
	in item #1 above).							

Royalties or licenses

Consulting fees

_X__None

X__None

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
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6	Payment for expert	X None	
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